

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 413)**

SERIAL NO.

1050790

FILING DATE

270-06627-0 CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1		1	
2				1		1
3				1		1
4				1		1
5				4		4
6				1		1
7				1		1
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TOTAL NO.			1		1	
TOTAL OFF.			10		13	
TOTAL			11		14	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
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